

1694

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 126

Place of Birth Miami County Pala No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	{	Number in order of birth
<u>Male</u>					

DATE OF BIRTH*	<u>May</u>	<u>30th</u>	<u>22</u>
	(Month)	(Day)	(Year)

FULL NAME	<u>Nicolas Gaona</u>	FATHER
FULL MAIDEN NAME	<u>Victoria Sigala</u>	MOTHER

I HEREBY CERTIFY that the child described
herein has been named

(Give name in full)

(Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

271-530-521